

DUNLAP COMMUNITY UNIT SCHOOL DISTRICT #323

Individual Health Care Plan Form

Revised 4/3/2024

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.

Information to staff:

This student has a health condition of which you need to be aware. The description of this condition, as well as emergency care and individual considerations, are stated below:

Student's Name: _____ Birth Date: _____ School Year: _____

Teacher: _____ Grade: _____ School: _____

Parents: _____

Phone: _____ Emergency Phone: _____

Physician Treating the Medical Condition: _____ Phone: _____ Fax: _____

Hospital Preference: OSF Proctor Carle Pekin Other: _____

Medical Diagnosis/Condition: _____

Medications Required (a medication authorization form must be completed for each medication administered at school):

Medication: _____ Dose: _____ Time: _____

Medication: _____ Dose: _____ Time: _____

Medication: _____ Dose: _____ Time: _____

Action Plan: _____

Individual Considerations: _____

Field Trips: Staff will take the Individual Health Care Plan and any equipment or medication needed on field trips. Staff will be instructed on the correct use and procedure for equipment or medication.

1. As the parent or guardian of this student, I give permission for this plan to be made available to staff at my child's school and for the school nurse to contact the physician listed above by phone, fax, or email when necessary to complete this plan.
2. It is understood by the parents and physician that this plan may be carried out by school personnel other than the school nurse. The school nurse is responsible for the delegation of this plan to unlicensed school staff.
3. This plan will need to be reviewed annually, when medications change, or the health status of the student changes. It is the responsibility of the parent to notify the school of these changes.

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____

School Staff Signature: _____ Date: _____

School Staff Signature: _____ Date: _____